

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
WILMINGTON DE 19808	
Postage	\$ 1.82
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.62
Sent To Street, Apt. No. or PO Box No. City, State, ZIP+4 Metabo Corporation The Prentice-Hall Corporation System 2711 Centerville Rd., Suite 400 Wilmington, DE 19808	

PS Form 3800, January 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <u>Laura Cooper</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below _____
1. Article Addressed to: Metabo Corporation The Prentice-Hall Corporation System 2711 Centerville Rd., Suite 400 Wilmington, DE 19808	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7001 0320 0004 3020 1410	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540